PART B - FEE(S) TRANSMITTAL

		PARII	3 - FEE(S	) TRA	NSMITTAL		
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ar					Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This fo	rm chauld be used for true	emitting the ISSI			` '	ired) Blocks 1 through 5	should be completed where
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	CE ADDRESS (Note: Use Block 1 for		JUN 2 7 2	2006	all ee(s) Transmittal. Th	us certificate cannot be used	or domestic mailings of the for any other accompanying ent or formal drawing, must
00042329 7590 05/25/2005  MARK RODGERS 1590 SAN ROQUE ROAD SANTA BARBARA, CA 93105			JUN 2 / ZANAPRO		papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.		
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ED3185724			35UZ		MARK RODGERS		(Depositor's name)
					JUNE 25, 2005		(Signature)
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APPLICATION NO.	FILING DATE	,	FIRST NAME			ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/682,084 TITLE OF INVENTION: TRANSMITTER	07/18/2001 NULL-PACKET TRANS	MISSION FROM		C. Boyle FIREW		CR-1 COMMUNICATION WINI	2821 DOW FOR AN OUTSIDE
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$140	0		\$300	\$1700	08/25/2005
EXAMINER . ART U			IIT	С	LASS-SUBCLASS		
DADA, BEEMNET W		2135			713-201000		
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/12	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a						
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT	(print	or type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app T a substitute	ear on t for filin	the patent. If an assigning an assignment.	ee is identified below, the display of 106/30/2005 MBERH	
(A) NAME OF ASSIGN	EE	(E	) RESIDENC	CE: (CIT	Y and STATE OR COL	JNTRY)	
Crystal Voice Communications Santa Barbara, CA 02 FC:150							1400.0 300.0
	assignee category or catego	ries (will not be pr	inted on the p	atent):	Individual 🛭 Co	orporation or other private gr	oup entity Government
4ä. The following fee(s) are	enclosed:	46	Payment of			,	•
Issue Fee							
Advance Order - # of	The Dire	Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to					
5. Change in Entity Status	(from status indicated above	)	Deposit Acc	ount Nu	mber	(enclose an extra c	opy of this form).
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Authorized Signature	m		,		Date	UNE 25, 20	×5
Typed or printed name MARK ROBERS			<del></del>		Registration	No. 55,579	7
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